FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
	(See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, type over the lines	12FE4M5
Public Service	Enterprise Group Inc. PAC	
ADDRESS (number and s	street) 80 Park Plaza	
(Check if address		
is changed)	Newark	NJ 07102 - 111
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address	mark.kahrer@pseg.com	
is changed)		
(Check if address is changed)  2. DATE  M M M O 1		
3. FEC IDENTIFICA	TION NUMBER C C00383489	
4. IS THIS STATEM	IENT X NEW (N) OR AMENDED (A	N)
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, corr	ect and complete
Type or Print Name of	Treasurer Mark Kahrer	
Signature of Treasurer	Electronically Filed by Mark Kahrer	Date 03 / 27 / 2009
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this	
Office Use Only	For further informa Federal Election Co Toll Free 800-424-9	mmission FEC FORM 1 530 (Revised 02/2009)

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5.			OMMITTEE (Check One) Committee:					
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name Candi							
	Candi Party	idate Affiliatio	on Office Sought: House Senate President	State District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi							
	Party	Comm						
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Politic	Political Action Committee (PAC):						
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:				
			X Corporation Corporation w/o Capital Stock La	bor Organization				
			Membership Organization Trade Association Co	poperative				
			χ In addition, this committee is a Lobbyist/Registrant PAC.					
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party				
			In addition, this committee is a Lobbyist/Registrant PAC.					
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint F	Fundra	ising Representative:					
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
	(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more pocommittees/organizations, none of which is an authorized committee of a federal candidate.							
		Committees Participating in Joint Fundraiser						
			1. FEC ID number					
			2. FEC ID number					
			3. FEC ID number					
			.   FEC ID number   C					

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ise Group Inc. PAC				
rganization, Affiliated Committee, Joint Fundr	aising Representative, or Leade	ership PAC Sponsor		
se Group Inc.				
		<u> </u>		
80 Park Plaza				
Newark Newark	ļJ ŅJ	07102		
CITY▲	STATE ▲	ZIP CODE		
Affiliated Committee Joint	Fundraising Representative	Leadership PAC Sponsor		
80 Park Plaza				
Newark	NJ	07102		
CITY A	STATE Telephone number 973	ZIP CODE 4 - 430 - 8728		
Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Mark G. Kahrer				
80 Park Plaza				
Newark		07102		
CITY A	STATE. <b>▲</b>	ZIP CODE A		
r	Telephone number 973	_ 430 _ 5152		
	rise Group Inc. PAC  reganization, Affiliated Committee, Joint Fundra se Group Inc.  80 Park Plaza  Newark  CITY  Affiliated Committee  Joint  Joint	rganization, Affiliated Committee, Joint Fundraising Representative, or Leader see Group Inc.  80 Park Plaza  Newark  CITY  STATE  Affiliated Committee  Joint Fundraising Representative  dentify by name, address, (phone number optional), and position of the e books and records.  Rountree  80 Park Plaza  Newark  NJ  CITY  STATE  Telephone number  973  et and address (phone number optional) of the treasurer of the commit by designated agent (e.g., assistant treasurer).  G. Kahrer  80 Park Plaza  Newark  NJ  CITY  STATE  STATE  Rountree  80 Park Plaza  Newark  NJ  STATE  STATE  STATE  NEWARK  NJ  CITY  STATE  STATE  STATE  STATE  NEWARK  NJ  CITY  STATE  STATE  NEWARK  NJ  STATE  NEWARK  NJ  STATE  STATE  NEWARK  NJ  STATE  STATE  STATE  STATE  NEWARK  NJ  STATE  STATE  STATE  NEWARK  NJ  STATE  STATE		

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Full Name of Designated Agent	Marfa A. Olivera				
Mailing Address	80 Park Plaza				
	Newark	NJ	07102 –		
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A		
Assista	nt Treasurer	Telephone number 97	73 430 5958		
safety deposit boxes or ma Name of Bank, Depository  Me	v, etc. errill Lynch				
Mailing Address	333 Thornall Avenue				
	Edison	NJ NJ	08837 _		
	CITY 🗖	STATE	ZIP CODE 🛕		
Name of Bank, Depository	, etc.				
Mailing Address					
	CITY ▲	STATE	ZIP CODE 🛕		